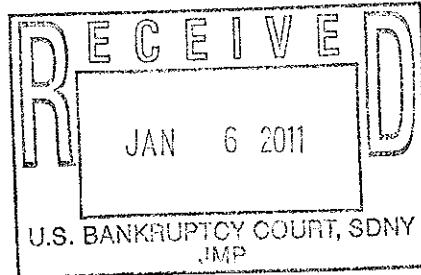


228 East 25th Street, Apt. 7
New York, NY 10010

January 5, 2011



Honorable James M. Peck
One Bowling Green
New York, NY 10004
Courtroom 601

Honorable James M. Peck,

As per notice received regarding claims against Lehman Brothers Holdings Inc., et al- the following information is provided as a basis for my objection to the Seventy-Third Omnibus Objection to Claims (To Reclassify Proofs of Claim As Equity Interests):

Item (i) a caption setting forth the name of the Bankruptcy Court, the names of the Debtors, the case number and the title of the Objection to which response is directed

Response:

United States Bankruptcy Court Southern District of New York
In re: Lehman Brothers Holdings Inc., et al., Debtors
Chapter 11 Case No. 08-13555(JMP)
Seventy-Third Omnibus Objection to Claims (To Reclassify Proofs of Claim As Equity Interests)

Item (ii) the name of the claimant and description of the basis for the amount of the claim

Response:

Susan Walsh
Claim Number 25242
Employee compensation received in the form of Restricted Stock Units ("RSU's")

Item (iii) a concise statement setting forth the reasons why the claim should not be reduced or reclassified for the reasons set forth in the Objection, including, but not limited to, the specific factual and legal bases upon which you will rely in opposing the Objection

Response:

The RSU's received was part of a contingent deferred compensation plan. As such employees had no choice but to receive RSU's as opposed to cash compensation. Since the RSU's were technically compensation for services rendered they should not be reclassified as equity interests.

Item (iv) all documentation or other evidence of the claim, to the extent not included with the proof of claim previously filed with the Bankruptcy Court or provided to the Debtors in response to the Derivative Questionnaire and/or the Guarantee Questionnaire (as defined in the order, dated July 2, 2009, establishing the deadline for filing proofs of claim, approving the form and manner of notice thereof and approving the proof of claim form [Docket No. 4271]), upon which you will rely in opposing the Objection

Response:

All documentation previously supplied

Item (v) the address(es) to which the Debtors must return any reply to your response, if different from that presented in the proof of claim

Response:

Susan Walsh
228 East 25th Street, Apt. 7
New York, NY 10010

Item (vi) the name, address, and telephone number of the person (which may be you or your legal representative) possessing ultimate authority to reconcile, settle, or otherwise resolve the claim on your behalf

Response:

Susan Walsh
228 East 25th Street, Apt. 7
New York, NY 10010
212-685-0070

Very Truly Yours,



Susan Walsh

United States Bankruptcy Court/Southern District of New York
 Lehman Brothers Holdings Claims Processing Center
 c/o Epiq Bankruptcy Solutions, LLC
 FDR Station, P.O. Box 5076
 New York, NY 10150-5076

PROOF OF CLAIM

| | |
|--|---|
| In Re: Lehman Brothers Holdings Inc., et al. Debtors. | Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered) |
| Name of Debtor Against Which Claim is Held Lehman Bros. Holdings INC | Case No. of Debtor 08-13555 (JMP) |

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)

UNIQUE IDENTIFICATION NUMBER: 1000245341

Filed: USBC - Southern District of New York
 Lehman Brothers Holdings Inc., Et Al.
 08-13555 (JMP) 0000025242



| |
|--|
| Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) LBH (CREDITOR,DBF,CREDNUM)CREDNUM # 1000245341***** WALSH, SUSAN 228 EAST 25TH STREET #7 NEW YORK, NY 10010 |
|--|

212-685-0070

ssn.walsh@gmail.com

Telephone number: Email Address:

Name and address where payment should be sent (if different from above)

Telephone number: Email Address:

1. Amount of Claim as of Date Case Filed: \$ 4,000

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete Item 5.

If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6.

Check this box if all or part of your claim is based on a Derivative Contract.*

Check this box if all or part of your claim is based on a Guarantee.*

***IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO <http://www.lehman-claims.com> AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED.**

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on <http://www.lehman-claims.com> if claim is a based on a Derivative Contract or Guarantee.

2. Basis for Claim: ERISA Employee 401(k) Plan
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 4452

3a. Debtor may have scheduled account as:
 (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe: _____

Value of Property: \$ _____ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, if any:

\$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____
 (See instruction #6 on reverse side.)

7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach summary.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

9/14/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

SUSAN WALSH

Susan Walsh

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FOR COURT USE ONLY

FILED / RECEIVED

SEP 21 2009

EPIQ BANKRUPTCY SOLUTIONS, LLC

Fidelity NetBenefits

Page 1 of 1

Summary

[Print](#)

Account: **LEHMAN SAVINGS (74452)** ▾

Data as of 09/11/2009

[REDACTED]

[REDACTED]

[REDACTED]

**Take stock of your situation
before you take action.**

In less than 20 minutes, you can
evaluate your strategy.

[Use Portfolio Review](#)

[Investments](#) | [Sources](#) | [Asset Classes](#) | [Year-to-Date Change](#)

[Back to View Investments](#)

Cost Basis and Equivalent Shares

View cost basis and equivalent shares information for your company stock investments.

Cost Basis for Company Stock Investments

| | Balance | Shares or Units † | NAV | Cost Basis |
|--|---------|-------------------|--------|------------|
| Stock Investments | | | | |
| <u>LEHMAN BROTHERS STK</u> | \$11.56 | 196.364 | \$0.05 | \$3,999.94 |
| ⊕ View Equivalent Shares | | | | |

Balances and prices are subject to nightly account updates.

[†View your short term and long term shares.](#) ▾

Questions? Call (866) 534-6266

NetBenefits® provided by



© 1996-2009 FMR LLC

All rights reserved.

[Terms of Use](#) | [Privacy](#) | [Security](#)

IA=1 SZ=3 FL=1



PRESS HARD. YOU ARE MAKING 3 COPIES.

| ORIGIN (POSTAL SERVICE USE ONLY) | | Day of Delivery | Postage |
|--|--|--------------------------------------|---|
| PO ZIP Code 10010 | 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Day | S \$ 13.05 | |
| Date Accepted 9/18/09 | Scheduled Date of Delivery 9/19 | Return Receipt Fee S \$ | |
| Month 9 | Day 19 | COD Fee S \$ | Insurance Fee S \$ |
| Time Accepted 17:07 | AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> | 3 PM <input type="checkbox"/> | Total Postage & Fees \$ 13.05 |
| Flat Rate <input type="checkbox"/> or Weight 3 oz. | 1st Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <input type="checkbox"/> | Acceptance Emp. Initials X | |
| Int'l Alpha Country Code | | Initials | |

FROM: PLEASE PRINT: **SUSAN WALSH**
PHONE: **2126850070**

FOR PICKUP OR TRACKING
visit www.usps.com
call 1-800-222-1811

Visit us at usps.com

EXPRESS MAIL
UNITED STATES POSTAL SERVICE

Mailing Label
Label YTD, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

| | | |
|----------------------------------|--|--------------------|
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. <input type="checkbox"/> Day | | |
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. <input type="checkbox"/> Day | | |
| Delivery Date | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. <input type="checkbox"/> Day | | |

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. **10017+2013**

WAIVED OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is valid.
Customer receives waiver of signature if delivery is refused.
If delivery is refused, customer must obtain signature
of addressee's agent or addressee's agent of delivery. Insurance
applies if article can be left in secure place and addressee
authorizes that delivery. Employee's signature constitutes
valid proof of delivery.

NO DELIVERY
Weekend Holiday Mailed Signature

TO: (PLEASE PRINT) PHONE: **Epic Bankruptcy Solutions, LLC**
Attn: Lehman Bros. Holdings
Claims Processing, 3rd Fl.
NY, NY 10017 320 Ave.

ZIP + 4 MAIL ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.
10017+2013

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.